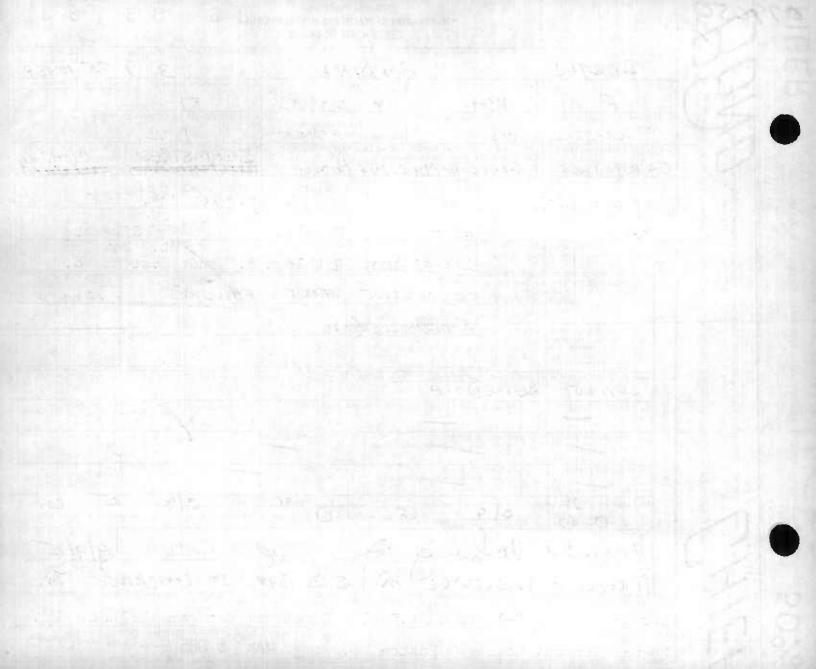
(VRA 15, 4)

STATE OF MARYLAND

079050	1 -	FOR STATE			DEP	ARTMENT OF	E OF MARYL IEALTH AND ICATE OF	MENTAL HYGI	ENB :	5	0 8	2 m	6 3
//	I DEC	REGISTRAR CEASED NAME	EIR\$1		MIDDLE	CERTI	LAST		2a DATE OF	REG. NO.	NTH DA	y YEAR	26. HOUR
6 6 t		OR PRINTIL	11.6			Da.	1111	A	ZI DAIL OI			85	and a
à 11	3. SE)	1101011	14	RACE		SOL	OF BIRTH		AGE INY	EARS LAST BIRTHDA		UNDER I YEAR	10:45 PM
/6 A \	3. SE/	=		1111	1	MONI		YEAR	AOL (IIII	~I	MO	NIHS DAYS	
B A A	7a BII	RTHPLACE (STATE OR FO	OREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8.	٠, ١	0 -	BALTIMO	RE CITY OR C	OUNTYC	F DEATH	
de 7		OUNTRY RUSS	11	IISA		WIDOW	DA NEVER	MARRIED		No	R.		MD
ofter de	-	TY OR TOWN OF DEA		1. NAME OF	CHEACILITY, GIVE	URSING HOME STREET ADDRESS)	OR OTHER INS		130 TISTIVE	MSTR	err	126. KIND	of Business or Clothing
120	USU/	AL RESIDENCE (IF NURSI	NG HOME OR C	OLA C		BEFORE ADMISSION	6/102	ne	17-11-1			R	11111
24 h	13a. S	rvland	Tall	TY	East	TOWN	13d. INSIDE	NO K	+ 2	Box 30	P CODE	21601	
AT of the		THER'S NAME						'S MAIDEN NAM			7, 2	1001	
NAR DE TOO	)	Julius	AA	NIDDLE	Naber	Ŧ	Ros	salie		MIDDLE	Si	leger	t
RE, oct of the second		AS DECEASED EVER I		AED FORCES?		SECURITY NO.	17 INFORM			ADDRR	.2 1	3ox 2	96
BALTIMORE, cote be execu- poper. Forest madical	NC	ES, NO OR UNKNOWN	(IN YES, GIVE	WAR OR GATES]	2:12-	03-2/22	: Kat	thleen	S. We	endt E	asto	on, M	Id.
5.62.2		PART 1. DEATH W	I (Enter only AS CAUSED IMMEDIATE	y one cause pe BY: CAUSE (o)	r line far (a), (l	ond (c).)	E AE	MRT	FAIL	URE			Nonset and death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN. The low requires that the death certifulation physician.  It this certificate has been signed by the attending to structurously permit. Then please remove content has the buriol-transit permit. Then please remove content has the buriol-transition of the order than 18 stows any injury, or other traumatic evident.		Conditions, if ony, gove rise to imm couse Iol, stating underlying couse	ediote g the	(b)_	ATHE	SEQUENCE OF	700s15						
RDS, 20 equires 1 m signed Then ple to burg	NO	PART 2 OTHER SIGN SENILE	Ele-	ONDITIONS C		S TO DEATH BU	NOT RELATE	D TO THE TERMIN	AL DISEAS	E OR CONDIT	ION GIVEN	N IN PART 1	(0
he low r	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	OITION FOR W	HICH OPERATION	N WAS PERF	ORMED	20a AUTO	NO PSY?	Ib. IF YES, YES, YES	WERE FIND NG CAUSE	INGS USED S OF DEATH?
ICIAN: 1 CIAN: 1 g physic entificate entificate inol-trans intol Hygine left.		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF GEAT		OF INJURY .M. MONTH	DAY YEAR	21c HOW II	NJURY OCCURRE	D (ENTER NA	TURE OSUNJURY IN	ITEM TE PAR	T I OR PART 2)	
IVISION UG PHYS offendin ter this of the bur of the bur thed or h	MEDICAL	21d. INJURY OCCURR WHILE DOLWHI	RE [		OF INJURY	FRICE, FARM, ETC.)	211 LOCATI			CITY OR TOWN		COUNTY	STATE
S mo		22s.I certify that						1981	, to	3/9			, that (I) we) last
Spiro CTO for of H		sow the decease above, (Live) (d	d alive on	view the body	after death.	1985	nd that in my	(our) opinion de	eath occurre	d on the date	ond hour o	and from the	e couses stoted
the hor		22). SIGNATURE	00	112	)	0 12	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		22c. DAT	E SIGNED
SPITA LERA LERA ANT TANT		224. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	Nance (	7	22e ADDRE	55			-	210	7(30
TO HOSPIT. TO FUNER. Should be with the Sto		MICHAER	A.	MOSKI	Emics	> W	50	3 1340	N ST	- CAn	BRI	16E	70
5	1	URIAL, CREMATION, I	REMOVAL	236. DATE		23c. NAME OF			23d LOCA	OR TOWN		COUNTY	SIATE
BP	Βι	rial		3-12-	-85	St.Pau	l's C	emetery	Co	rdova		lbot	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		ewnam Fun	eral	Home	AOD E	aston	Md.	MA	R15	1985	KEGISTRA	WHO SIGNA	Thendale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

077160

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

24 FUNERAL DIRECTOR CAMBRIDGE MD. FUNERAL HOME

.19 85, and that in (my) (aur) opinion death occurred an the date and hour and fram the couses stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CAMBRIDGEND Md ATE Cambridge IS DATE REC'D BY REGISTRAP 256 REGISTRAR'S SIGNATURE

REG. NO

2h HOUR

12h KIND OF BUSINESS OR

21613

Brannock

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

228-4244

IF UNDER I YEAR

Trepresent to P 20 0 20 9 

Delmar, Delaware

(VRA 15. 4)

Marvel-Short Funeral Home,



098193

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENT
STATE	CEDTIFICATE OF DEATH

	REGISTRAR				CEKTIF	ICATE OF DEA	ın	REG. N	O.			
	CEASED NAME	FIRST	1	MIDDLE	ı	AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOU	JR
(TYPE	OR PRINT	PUTT	→ AME	LIA	CL	ARK.	000		32	3 85	7.54	1 PM
1. SE)	K		4 RACE		5. DATE C	F BIRTH	-	AGE (IN YEARS LAST BIR		F UNDER I YEAR		
	female	1	white		12	2 PAY 19	19	65	YRS	ONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MAR	PIED	BALTIMORE CITY	R COUNTY	OF DEATH		
	N.J.		U.S.	A.	WIDOWE		RCED	Dorch	ester			MD
III CI	Cambridg		LIF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	al Hosp		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF License	OF WORKING LIFE)			SS OR
130 S	AL RESIDENCE IN NURS	136 COUN	ITY	GIVE RESIDENCE E	TOWN	13d INSIDE CITY YES NO	LIMITS?	13e STREET ADDRESS Rt 1 Bo	ZIP CODE	A	21	613
4 FA	Andrew		nipole liam	Simp		15 MOTHER'S MA		Elizabe	th	Del	.la	
160 V	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT		ADDR				
- (1	NO OR UNKNOWN)	(# 123 014	L WAR OR DATES;	147-	12-673	John	L. C	lark	Ite	em #	13	
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b	ond (c)					BETWEEN	XIMATE INTER	RVAL DEATH
	PART I. DEATH W	AS CAUSE	E CAUSE (o)	PNU	= um un	IIA				1	mees	5_
			DUE TO O	R AS A CONSI	EQUENICE OF							
	Conditions, if any,	and tak	(			TARCO	111			1	Pur	
	gove rise to imn	nediate	16)	- TIPE	70 0	1731000	7017				1	
	couse (a), statin underlying couse		DUE TO. O	R AS A CONSI	EOUENCE OF							
	The state of the s	1031	(c)									
7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	(0	
CERTIFICATION										-		
CA	190 DATE OF OPERA	TION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		WERE FIND		
TIE								YES NO	YES		NO [	
CER	210. ACCIDENT WAS UNE	_	216. TIME O		DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT T OR PART 2)		
AL	OR CONTRIBUTING		In .	M. MONTH	19							
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION						
¥	WHILE NOT WH	THE	AT HOME STR	REET, FACTORY, OF	FICE, FARM, ETC }	STREET		CITY OR TO	)WN	COUNTY	S	STATE
	AT WORK AT WO					1						
	220.1 certify that (1) sow the decease			e deceased fr			r) apinion de	to eath occurred on the d			, that (I) (v	
	above, (1) (we) (c	did) (did no	view the body	ofter death.			-, opinion de	cam occorred on me d	ore ond floor			bied
	226. SIGNATURE		11	ch		DEGREE	NDING .	MEDICAL STA	cc	22c. DATI	E SIGNED	1-
	Je de	nen	100	74/25	N	PHY	SICIAN [	DIRECTOR   PHYSIC		3	1231	185
	17. Ed	AME (TYPE O	O DA	1 li fate	٠	523 C	PYRN	57. 0	AMBN.	.DCF	MD	)_
23a B	SURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		r*Outsity		STATE
-	burial		3/	27/85	E.NEW	MARKET	CEM.	E. NE	W MARK	KET	DOR.	IV.
24 FL	JNERAL DIRECTOR							REC'D. BY REGISTRAR				
	THOMAS F	INEP	AT. HOM	E CAN	MBRIDGI	e MD	APR	4 - 1985	whice Dav	4doon-1	andell	
	TITOTITIO I	OHILL.	11011	TI CLIT	TONTINGI	J LIL .		1				3

DHMH - 16 60M 7/84 (VRA 15, 4)

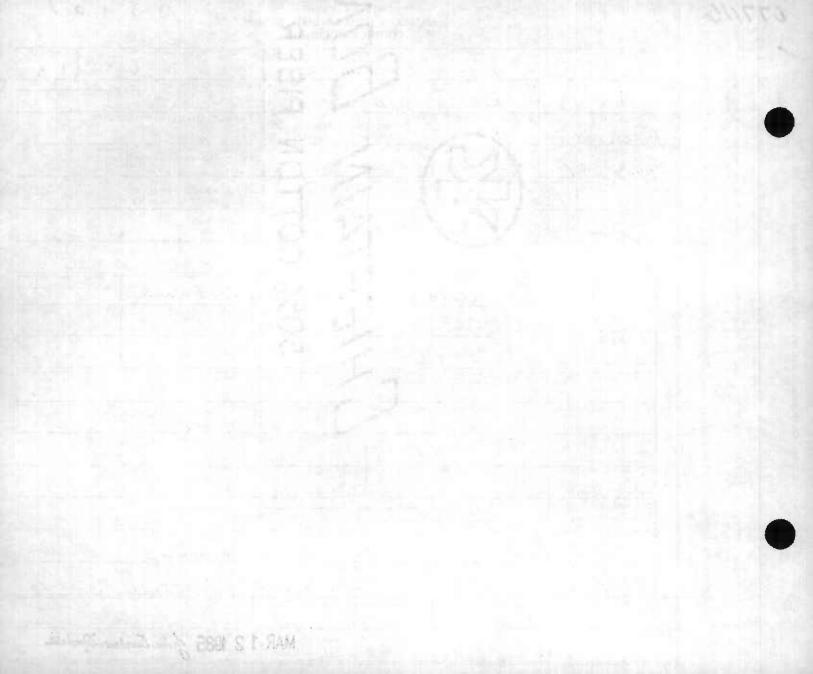
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## STATE OF MARYLAND

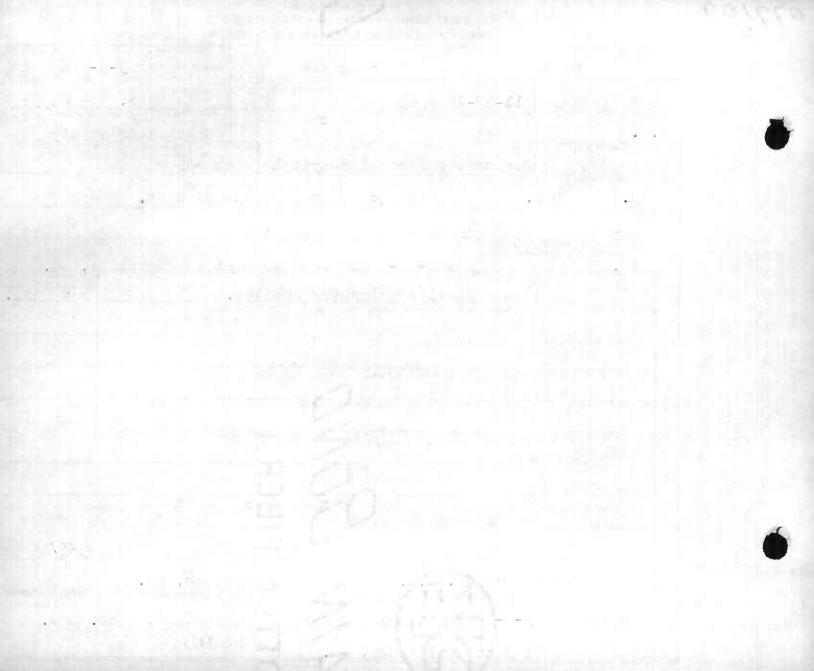
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF D	EAIN	REG. NO	D.		
	1. DEC	CEASED NAME FIRST	WIDDLE	- 1	ASI	-(3.30)		HINOM	DAY YEAR	26 HOUR
	(1498	JOHNNI)	George	CONA	WAY,	Jr.		3 1	6-85	SAM
9	1. 5E)	X AA	4 RACE	5. DATE C	FBIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		ale	Ølack	MONTH	27	82	2	YRS	MONTHS DATS	HOURS MIN.
	7o BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER M	ADDIED (X)	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
ž	1	MARYLAND	U.S.	WIDOWE	D DIV	ORCED	Dorcheste			MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	STREET ADDRESS)		ITUTION	120 USUAL OCCUPATION		FE) INDUSTRY	F BUSINESS OR
e	USUA	AMBRIOGE AL RESIDENCE (IF NURSING HOME OR		ouse Lane	2		None		None	5
Y	Man	ryland Dorch		TOWN	13d INSIDE CI YES 📉	NO 🗌	618 Schoolha	zip codi ise Lai	ne 2161.	3
	I4 FA	TOHNNY	G. CONA	way,Sr	15. MOTHER'S	MAIDEN NAM	MIDDLE		500	IF 01
,		WAS DECEASED EVER IN U.S. AR		SECURRY NO.	17 INFORMAL		ADDRE	SS		21613
		NO OR UNKNOWN) (IF YES GIV	215-06-1	1441	Josephi	ne Sudle	r 618 School	lhouse	Lane Car	nb., Md.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE				1	. 0 -	HO	BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (a) Rhabe	lomyose	ercom	C- Se	inusial C	ase	-	
			DUE TO, OR AS A CONS	SEQUENCE OF						
-		Conditions, if any, which gave rise to immediate	(b)			15// 1				
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF						
	27	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION	TO DEATH BUT	NOT BELATED	TO THE TERM	NAL DISSUSS ON COASS		15.10.10.10.1	
	20	THE STILL STORM TO ANY	CHDITIONS CONTRIBUTION	DIO DEATH BOT	NOT KEERTED	TO THE TERMI	INAL DISEASE OR CONE	JIIION GI	VEN IN PART TO	1
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
	TIFF						YES NO NO		FYING CAUSES	NO [
3		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	116. TIME OF INJURY	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
7	CAL	LIF EITHER NOTIFY MEDICAL EXAMINER		19		-2.40				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
		AT WORK					meks Er			
		220 I certify that (I) (this haspi			1.1	., 19				that (I) (we) last
	5,	saw the deceased alive an abave, (I) (we) (did) (did na	t) view the body after death.			aur) apinian d	eath accurred an the da	te and hau		
		226. SIGNATURE	eso		MD A	TENDING _	MEDICAL STAF	F	22c. DATE	SIGNED
		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)	•	12e ADDRESS		DIRECTOR   PHYSIC	IAN		
		EGBERTO -	TORO, M.D.		408 1	BYEN S	T CAME	RiDO	E. Mp.	21613
		BURIAL, CREMATION, REMOVAL		23c. NAME OF CI			23d LOCATION		L'OUNTY	STATE
-	74 ***	Burial	3/9/85	Bethel A		etary	Cambridge	Don	rchester	Maryland
	-4.1	JNERAL DIRECTOR	ADDR	RESS	21613	MAR	12 BY REGISTRAR	Sh REGIS	RAP'S SIGNATI	ndell
	Box	ardley Funeral Home	812 Hubbard St	t. Cambrid	dge, Md.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

DHMH - 16 60M 7/84 (VRA 15, 4)



	FOR			DEPARTMENT OF	HEALTH	ARYLAND	TYGIÈNE	A TO	- (3)	8 4	0	3
1	- STATE REGISTRAR			DICAL EXAMIN			OF DEAT	TH	REG. NO			
	DECEASED NAM	ME FIRST	37	WIDDIE	roma	nti o	2	OF I	211.		- 1985	2b. HOUF
3. 9		4 RACE	5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UND	DER 1 YR. IF UNDER		c DATE	ED	MONTH	DAY YEAR	A POU
70	Male BIRTHPLACE FOREIGN COUNTRY N. C.	Negro (STATE OR	76 CITIZEN OF WI			D NEVER MARR	RIED U	BALTIMO		R COUNTY	OF DEATH	AM
-	CITY OR TOW			SPITAL, NURSING HOM	WIDOWE E, OR OTHE		12a USU	AL OCCUPA			ounty	
	Cambri		Dorches	ter Gener		ospital		borer			OR INDUS	KY
	ual residence . state Md.	E (IF IN NURSING HOME) 13b COU	NTY	residence before admiss 13c. CITY OR TOWN Cambridge		13d. INSIDE CITY LIMITS? YESTO NO [	1100	High		9	1613	
14.	FATHER'S NAM		WEDDIE	LAST		15 MOTHER'S MAID		MIDD	DLE		LAST	
160	WAS DECEAS	ED EVER IN U.S. A		romartie	Y NO.	Caroli 17. INFORMANT	ne		ADDRESS			
L	No.		only one cause per line	244-16-9	862	Jean Cr	omar	tie_	Camb	ridg	The Street of the last of the	TE INTERVAL
	gave couse ( lying c	ions, if any, whic rise to immedia (a) stating the <u>unde</u> ouse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	ASSIVE PU AS A CONSEQUENCE AS A CONSEQUENCE	OF OF							Mins.
1 3		SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a).					
1 >	2											(?
TIESCATIO	19a. DATE (	OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	AS PERFORMED?	16				2D AUTOPS	NO 🗌
NOTAL CERTIFICATION		NAL CAUSE WAS NG OR TING CAUSE O	216 TIME OF HOUR A.M	FINJURY A. MONTH DAY YEA I. 19	R 21c. HO	W INJURY OCCURRE	ED (ENTERN)	NTURE OF INJUR	Y IN ITEM 18 P	PART TOR PART	YES X	NO []
	CONTRIBU	NAL CAUSE WAS	21b TIME OF HOUR A.N	FINJURY A. MONTH DAY YEA	21c. HO	W INJURY OCCURRE	ED (ENTERNA	CITY OR TOWN		'ART I OR PART COUN	YES Z	NO STATE
	UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22g. I ce	NAL CAUSE WAS  NG OR  TING CAUSE OF  OCCURRED  NOT WHILE  AT WORK	21b TIME OF HOUR A.N. F DEATH  21e PLACE STREET, FAC	FINJURY A. MONTH DAY YEA  I. 19 OF INJURY (AT HOME. TORY, FARM, ETC.)	21c. HO	W INJURY OCCURRE	on <b>X</b> ,		K), on		YES 🐔	STATE



the attending physician and campletely filled in by the remove carban papers. Pages 1 and 2 shauld be tiled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked ar Item 18 shaws any

injury, ar ather traumatic event, the medical exam

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25a DATE RECD, BY REGISTRAR 25b REGISTRAR'S SIGNATURE MAR 4 1985

Ł,	FOR - STATE	DEPARTM	IENT OF HEALTH AND MENTAL I	IYGIENE		
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	DECEASED NAME PRINTS	dr Wilen	Diemer	3-1-85	NTH DAY YEAR	26 HOUR PM
3. 5	Female	White	5. DATE OF BIRTH  MONTH DAY YEAR  10 12 25	6 AGE (IN YEARS LAST BIRTHON	MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dorches	OUNTY OF DEATH	MD.
C	ambruge 3	Orches To	several Hope	120 USUAL OCCUPATION TYPE OF MOST OF INC.	ORKING LIFE) INDUSTRY	of BUSINESS OR
130	UAL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE, 136 CITY OR TOWN	VES NO NO	Rt.3. Box	271.8 6	21613
14.	FATHER'S NAME	ELAST LAST	15 MOTHER'S MAIDEN	NAME	NA 4 IAS	ST #
14-	WAS DECEASED EVER IN U.S. ARME	DE FORCES? 166 SOCIAL SECUE	RITY NO. 17. INFORMANT	ADDRESS	1,0,1,	ing
160	(YES, NO OR WIKNOWN) (IF YES, GIVE W		492 Fred J.	Diemer -	Same a #13	.\$ 4
	18. CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED B	Y: To	1 Carciun	4 Enden		MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  NOTIONS CONTRIBUTING TO D	21-76 10	FRMIN AL DISFASE OR CONDIL	ION GIVEN IN PART 1	
NO O		20		children and control	0,10,112,114,17,111,111	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED		Db. IF YES, WERE FINDIN CERTIFYING CAUSES YES []	
		216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?)	
MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did nat) v	) (// 19	, and that in (my) (aur) apin	ian death occurred an the date		that (I) (we) last causes stated
	22b. SIGNATURE	hal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  MEDICAL PHYSICIAN	22c. DATE	SIGNED
	226 PHYSICIAN'S NAME (TYPE OR PR	int)	Danchest	er General Hos	spital-Cambi	nder Mi
230	BURIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF CEMETERY OR CREMATO		T. II. Cattle	

Mar. 5, 1985

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-with the State Dept. of Health and Menta

MEDRIANT: If Hem 21 is

FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

MEDICAL

200	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	IENES 5	REG. NO.	0 8	44	7 (	)
3098		CEASED NAME	FIRST	,	MIDDLE	t.	AST		20. DATE OF D		NTH D	AY YEAR	2b. HOU	
75	(TYPE	OR PRINT)	Cas	1.1	L.	G	1115			3	3 3	5 8	\$ 11	S/AM
000	3. SE	K		1 RACE		5. DATE O			6 AGE (IN YEAR	S LAST BIRTHDA		UNDER I YEAR		
rs off	ø	Wale.		Car		MONTH	23	YEAR		70	YRS.	ONTHS DAYS	HOURS	MIN.
72 hou		RTHPLACE ISTATE OR F. COUNTRY)	OREIGN		WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER M	ARRIED -	9. BALTIMORE Doro	city or c		OF DEATH		MD.
d S	10 C	TY OR TOWN OF DEA		11. NAME OF I	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTI	TUTION	120. USUAL OC	CUPATION DRMOST OF WO		12b. KIND (		_
2	3	Cambride			ester Ge		1 Hosp	ital	farme	r		se	lf er	mp.
and be		AL RESIDENCE (IF NURSI STATE Md.	13b COUN DO1	YTY	13c. CITY OR TOW Cambri	N	13d. INSIDE CIT	IY LIMITS?	13e.STREET AD	DRESS / ZI Neck			216	13
1 2 2 E	14 FA	THER'S NAME					15. MOTHER'S							
Du Sala		Henry		MIDDLE	Gilliss		Bes	sie		MIDDLE		Coop	oer	
20 100		VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17. INFORMAN	11		ADDRESS	Rt.	4 Bo	x 218	8
Poges		YES, NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	215-26-	4546	Carri	e K.	Gillis			ridge		
ent, the		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	D BY	line for (a), (b), and		10.11	une				BETWEEN	XIMATÉ INTEI I ONSET AND	RVAL DEATH
al, cremation, ar ren ır ather traumatic ev		Canditions, if any, gave rise to imm couse (a), statin- underlying cause	which nediate g the	(b)(	R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	eroti	Les	I de	sian	e.	, in the second		
injury, o	ATION	PART 2. OTHER SIGN	HFICANT (	CONDITIONS <u>CC</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE (	OR CONDIT	ion give	N IN PART 1	(a	
2	CERTIFICAT	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	YES			WERE FIND ING CAUSE		TH?
8 8 6	l Ä	210. ACCIDENT WAS UND				AY YEAR	21c HOW INJ	URY OCCUR	RED (ENTER NATUE	RE OF INJURY IN	ITEM IS PA	RT I OR PART 2)		

COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from that (I) (we) last and that in Imy) (aur) apinian death occurred an the date and have and from the causes stated

DEGREE

211 LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDD SS

230 BURIAL, CREMATION, REMOVAL (SPECIAL) 23b. DATE 3/28/85

(IF EITHER, NOTIFY MEDICAL EXAMINER)

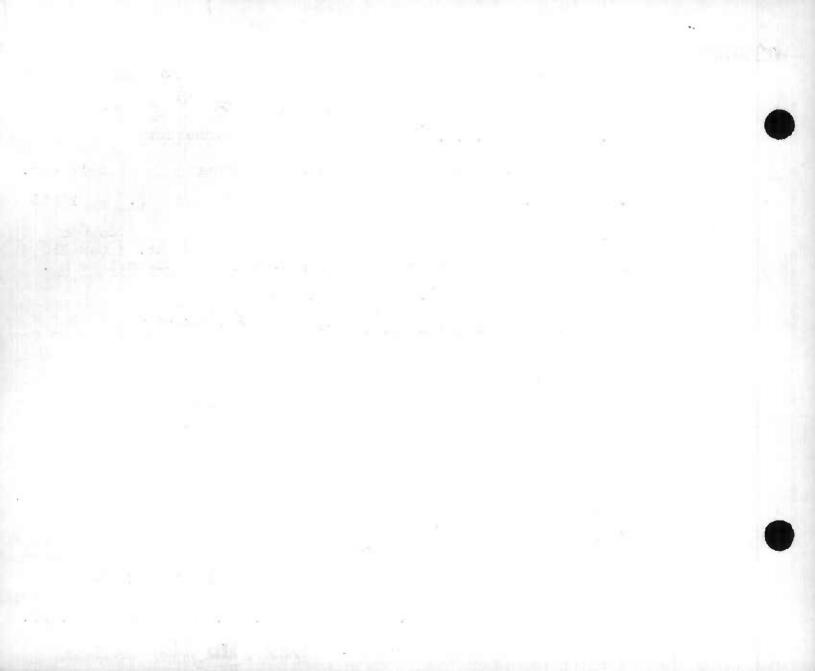
21d. INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY E.NEW MARKET

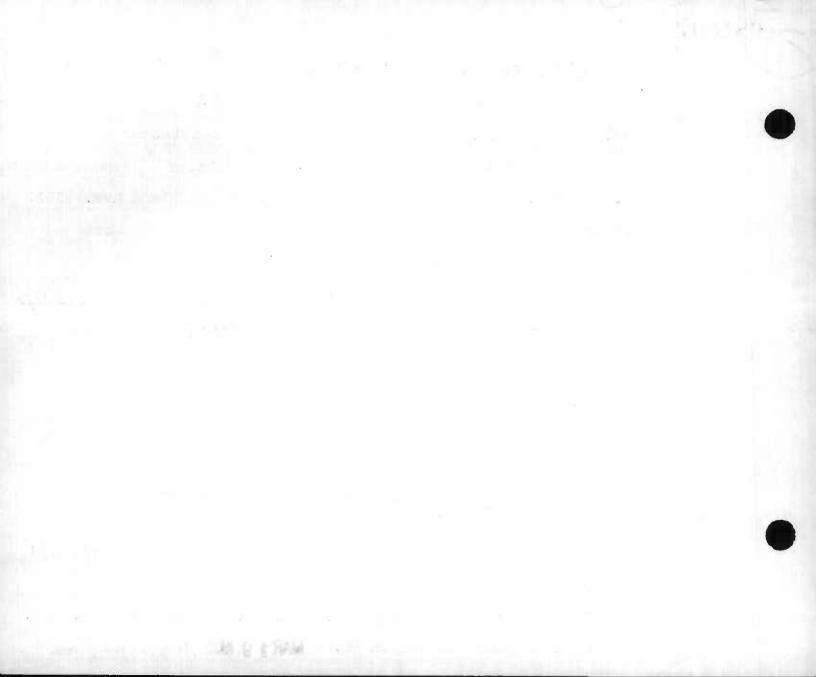
E. NEW MARKET DOR. MD.

THOMAS FUNERAL HOME CAMBRIDGE MD.

21e. PLACE OF INJURY



STATE OF MARYLAND



	098192		FOR STATE REGISTRAR		M		STATE MENT OF HE XAMINE	EALTH		NTAL HY		REC	0 8 3. NO.	4 7	2
0	2 AME		CEASED NAMI PE OR PRINT)		RKY	S.		H	ALL		0	OF ESTI-		TH DAY 1	Zb. HOUR
1		3. SEX	ale	White	Jan. 15	, 1895	6. AGE (IN YEARS EAST BIRTHDAY) 90 YRS.	MONTH		HOURS	MIN PRON	OUNCED DE AD	3 -	27 19	85 5 PM
1	P. C. S. C.	Ca		ek, Md.	76. CITIZEN OF			MARRIE		ER MARRIEL		rchest	_	INTY OF DEAT	H MD.
	PAGE POPER	H	urlock		Oak S	treet	REET ADDRESS)		RINSTITUT	ION	12e USUAL OG FOR MOST OF Contra	WORKING LIFE	TYPE OF WOR	Build:	of BUSINESS OUSTRY
	AND 3	130 S	AL RESIDENCE TATE aryland	13b. COUN	or other institution NTY hester	13c. CITY	SEFORE ADMISSION OR TOWN Lock	)	13d. INSIDE CIT		Oak St		á	2/6	43
	DEATH. III	1		mas Lock			AST		Mede	ora Sh	name	MIDDLE		tast	
	INS AFTER DEATH. IN SAFTER DEATH.	160. \	VAS DECEASEI	DEVER IN U.S. AR	MED FORCES? E WAR OR DATES)		-07-1086		Dorot		Lane,			Ave.,	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD' "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIFF MEDICAL EXAMINER ALONG WE STAHOULD BE USED AS A BURAL. TRANSIT PERMIT. B. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	Condition gave ris cause (o) lying cou	ATH WAS CAUSE IMMEDIA ns, if ony, which se to immediate stoting the <u>under</u> se last.	DUE TO,	OR AS A CONS	ANT W SEQUENCE OF SEQUENCE OF			7 he				BETWEEN	ONSET AND DEATH
	VITAL RECORI SHOULD BE ED ORD "PENDIN CHIEF MEDIC EUSED AS A E T OF HEALTH , LURIAL, CREM	CERTIFICATION	19a. DATE OF				VHICH OPERAT	ION WA	AS PERFORM	AED?				20 AUTO	
	SCENTIFICATE SHOULD STRING THE WORD "PE SDED TO THE CHIEF A E 3 SHOULD BE USED, E E OFFARTMENT OF HE OFFARTM	MEDICAL CER	UNDERLYING CONTRIBUTION 21d INJURY C	CCURRED	DEATH F	OF INJURY A.M. MONTH P.M.	19 (AT HOME.	211. LOC		OCCURRED	(ENTER NATURE				
	PIVIS THIS CER TE, WRITINA DRWARDED R: PAGE 3 SI E STATE DEP D, 21201 PR	¥		AT WORK	ge of the remains	actory, Farm, Etc		Autops		Inspection		UITY .	and in my	COUNTY	STATE
1	MEDICAL EXAMINE (ECUTE THE CERTIFICA AGE 4 SHOULD BE FO 5 FUNERAL DIRECTO 1 FROGETH, WITH THE METIMORE, MARYLAN		death results  ACTUAL SIGNATURE  EXAMINER'S	NAME John	Mace, J	Accident	, Suicie	de M.	Homicie TITLE (SPI	de ,	Undetermine	d manner	DAT SIGI	E 3/27	7/85 a. 21613
all	TO ME EXECUTE PAGE TO FU	(:	URIAL, CREMA	TION, REMOVAL		23c. N	AME OF CEME	TERY OR	CREMATOR	RY	23d. LOCATIO	NON NO	cc	YTHUC	STATE
//	DHMH - 17 (VR A15 ME (5))	Fr.	name amptom		Funeral					APR 1	C'D. BY REGIS	STRAR 256 F	Devide	S SIGNATURE	2

Fruin 15, 15, 155 30 . Astro Company 1d. Surlock Dak Street, fairth va-Naryland Dorobacton Heriton AND THE PARTY OF THE PARTY OF THE PARTY AND THE

John Hart, dr. 1.1.

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1	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 O	8 4 7 3
21	(TYPE	CEASED NAME Lena  Lena  Lena	Bailey	Hanna Hanna	20 DATE OF DEATH MONTH	- 85 26 HOUR 3 55 Am
A )	3. SE		4 RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR  12  1914	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
33		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	
Pelo		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Dorchester G		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKE Clerk Typis	nguer   126 kind of Business or Industry Fed. Gov't
多	130 5	TATE 136 COU	other institution give residence before NTY 13c CITY OR TOWN Chester E. New Ma	rket yes A NO		Street/21631
Se Co	14 FA	THER'S NAME Herbert	S. Bail	- 0	MIDDLE	Ryan (AST
medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIT	F WAR OR DATES)	0112 William S.	ADDRESSR HannaIII Hu	arlock, MD
oumotic event, th		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which	TE CAUSE (0) UNS PO UN	tes timed Hennour	hoze	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r, or other tr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF	AINAL DISEASE OR CONDITION	N GIVEN IN PART 110
lows ony injury,	CERTIFICATION	190. DATE OF OPERATION  3-11-85	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
hem 18 %	WEDICAL CER	71a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITE)	M 18 PART ( OR PART 2)
morkedor	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
m 21 is m		saw the deceased alive or above, (1) we) (did) (did no	ital) attended the deceased from 2  3 2 2 19 3  at view the body after death.	ond that in (our) opinion	death accurred on the date and	
T. If he		The SIGNATURE	Mlar		MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
PORTAN		Michael J	Fadden, MD	302 Colli	ns Avenue, H	furlock, MD

23c. NAME OF CEMETERY OR CREMATORY

Crematory

Delmarva

236 LOCATION

Lewes,

Sussex, Delaware

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

23a BURIAL, CREMATION, REMOVAL

Cremation

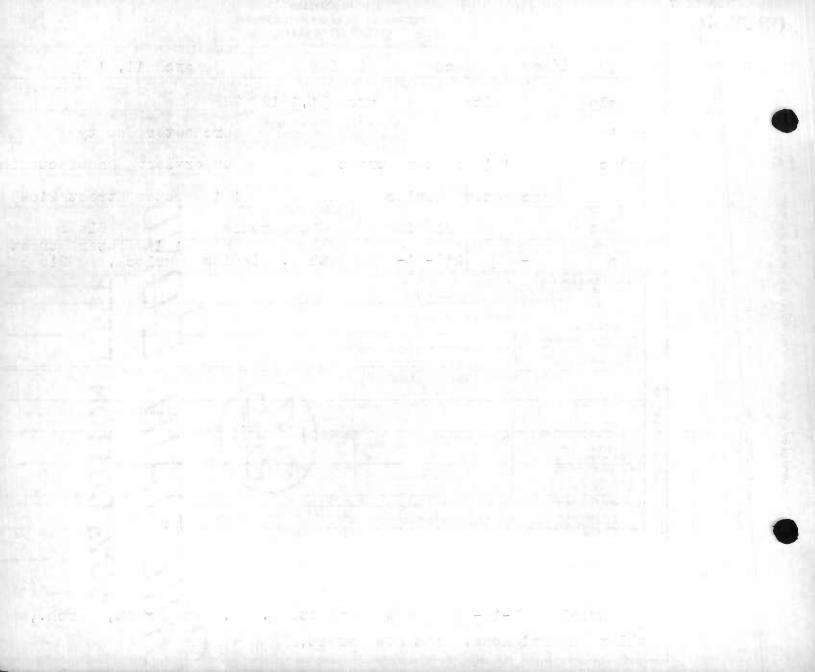
24 FUNERAL DIRECTOR

236. DATE

3-23-85

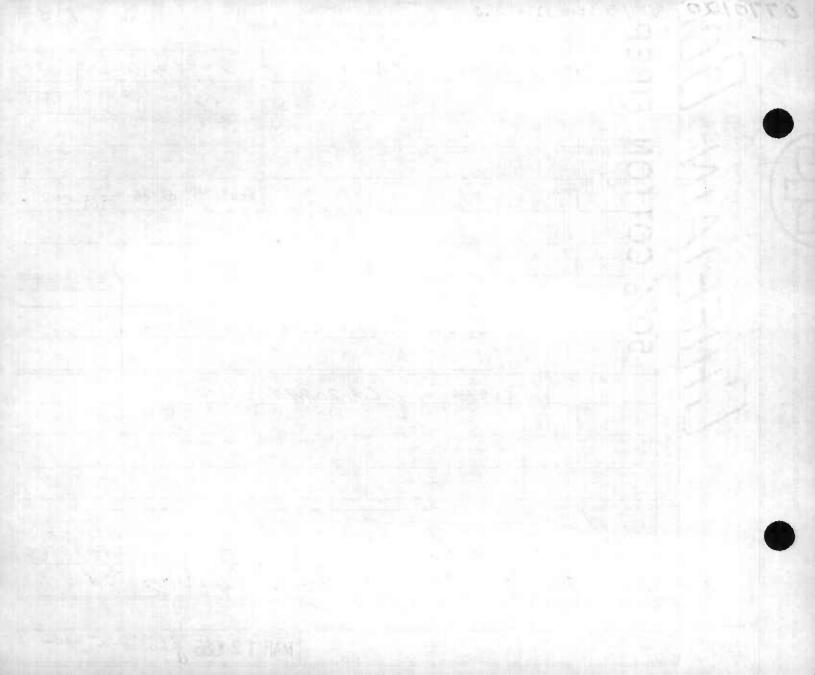
Zeller Funeral Home, East"New Market, M

a log . Se . Ruleri atel. effect of the land two. The relysion of the control ALE VALUE OF THE RESIDENCE and continued and the state of the continued of the conti 

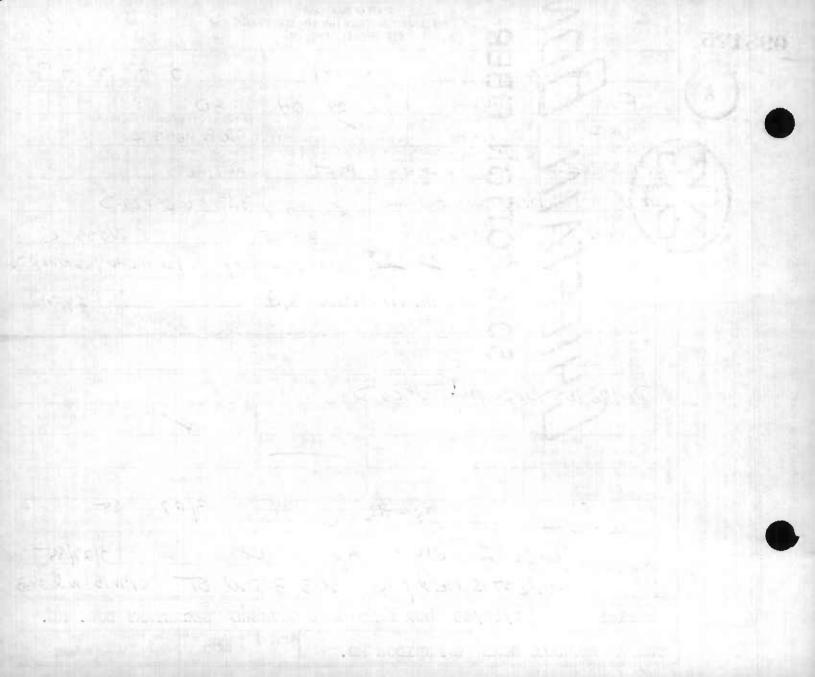


FOR 1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	8 9 / S
1 DECEASED NAME  (TYPE OR PRINT)  Annie  3 SEX	I I I I I I I I I I I I I I I I I I I	ohns	3/1185	115
3 SEX			6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 2
Dorchster - Md	USA. WIDO	NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUN Dorchester	
Cambridge		eral Hospita	120 USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORKING Domestic	126 KIND OF BUSINES INDUSTRY Homes
USUAL RESIDENCE IF NURS AG HOME OR OTHER TOP TO THE NURS AG HOME OR THE NURS AG HOME OR OTHER TOP TO THE NURS AG HOME OR OTHER TOP T	13c CITY OR TOWN	YES NO	Rt. 2, Box 211	DE 21643
B Edgar Elbert		Bertha Lou	Adkins	LAST
TYES, NO OR UNKNOWN) (IF YES, GIVE W			Cobb, 1420 Trin	
O GO O O O O O O O O O O O O O O O O O	DUE TO, OR AS A CONSEQUENCE OF	-	, re	APPROXIMATE INTERV BETWEEN ONSET AND D
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c) Ne h h c S  NOITIONS CONTRIBUTING TO DEATH B	clerosis		GIVEN IN PART 110
CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  Solver and an additional and a second and a sec	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
H Y S C C AN INTERPRETATION OF THE PROPERTY OF	216. PLACE OF INJURY  HOUR A.M. MONTH DAY YEA  P.M. 19	IR .	ED (ENTER NATURE OF INJURY IN ITEM I	
O to the second of the second	(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) attended the deceosed from 2-6	, 17	to March 1	COUNTY ST.
A A A A A A A A A A A A A A A A A A A	march 19 55.	DEGREE	death accurred on the date and h	22c, DATE SIGNED
THE PROPERTY OF THE PROPERTY O		PHYSICIAN P	ST. Hurbels	
238 BURIAL, CREMATION, REMOVAL	236 DATE 23c NAME OF	Cemetery or Crematory Cemetery	23d LOCATION Preston, Card	oline, Maryla
DHMH - 16 60M 7/B4  (VRA 15, 4)  24 FUNERAL DIRECTOR NAME  Framptom—Hawkins F	uneral Home, 216 N	ralsburg AND	8 1985 Julia Juni	ISTRAR'S SIGNATURE

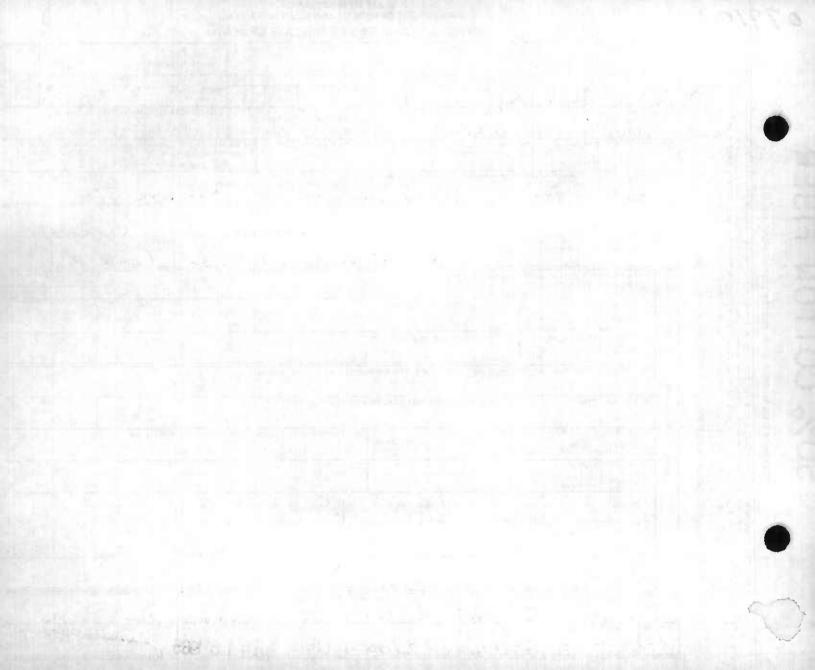
"LOT DED SUPL oline-pl Paryland Dorolle star Hurlock a L Kt. 2, cox 211 Bertha Lou Adrana Agrid Co weeks washington, D.C. Bardella M. Cobe, 1820 Trinsdad Ave, 18, China Daniel Strate Removal and the state of the st marketti ki Cartin & Cartin & Cart Line of the Contract & city of Burdad Nar. 5, 1985 Johns Cemetery Preston, Caroline, Maryland Transfor - landing Program and R. Neim SM.



98175	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 7 7
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D.	1.5
y be		HELE		MOWBRAY	3 2	7 85 9 PM
(A)	3. SE:	F	4 RACE CAUC	5 DATE OF BIRTH MONTH DAY YEAR 12 29 04	6. AGE (IN YEARS LAST BIRTHDAY)  WYRS	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Po		STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	DOREHESTER	
by the f	15	AMBRIDGE	GIF NOT IN SUCH FACILITY, GIVE STR	END AVE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
in 24 hours ly filled in should leave the should leave th	136.5	RESIDENCE (IF NURSING HOME OF TATE 13b COULD DO THE STATE 13b COULD DO THERE'S NAME	NTY 13c. CITY OR TO			2613
complete and 2		JOHN	HAV LI	CK KATIE	MIDDLE	NOSSICK
be executed and of the second			MED FORCES? (E WAR OR DATES)  214	SURITY NOW JOHN MOW		
he death certhicate te attending physic emove carbanpape mailan, ar removal. r traumatic event, th		PART I. DE ATH WAS CAUSE	DUE TO, OR AS A CONSEC	ETASTATIC CA	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  X LYRAR
ion.  Hos been signed by to the price in the please rien prior to buriel, creation prior to buriel, creations on ynjury, or other parts of the prior to buriel, creations on ynjury, or other parts of the price parts of the	CERTIFICATION	underlying couse lost	MEZLITIS:	O DEATH BUT NOT RELATED TO THE TERM  SCOOL  CH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
g physics errificate ial-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	TH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
ottendin ter this c is the bur h and Me	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN septial or CTOR: Af for use of for use to of Health		sow the deceased alive an above, (1)(1-1) (did) (did)	tal) attended the deceased from	, and that in (our) opinion	death accurred on the date and hour	
by the hore terms of the hore detached State Dept ANT: If there		276. SIGNATURE	buty Free	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	3/27/85
TO HOSP etained I	200	Hu.	BERT LAW	4 D 503 BY	1000	9mB, ml 2168
BP	- (	URIAL, CREMATION, REMOVAL		UR LADY GOOD COUN		O'DOR. MD'ATE
DHMH - 16 60M 7/84 (VRA 15, 4)		HOMAS FUNERA	L HOME CAMBI	RIDGE MD.	The state of the s	AR'S SIGNATURE



079	1102	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	0 8 4 7 8
		LOF	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
	NA COLOR MACH		E OR PRINT)	OF E	OWN X MONTH DAY YEAR 26 HOUR
	REAS REAS REAS REAS REAS REAS REAS REAS	3. SE	Sylv.	DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
	No. of the Party o	K	mala Black	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCE DEAD	
	SEE AND		RTHPLACE (STATE OR		RECITY OR COUNTY OF DEATH
	SHOP ER	1	MEIGN COUNTRY)	1150	ester County MD.
1	92095//	10 C	TY OR TOWN OF DEATH		TION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	A0 180 -		Cambridge	Dorchester General Hospital	
21201	IF ANY L. AND 3 S. RETAIN SHOULD E	13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION   136. CITY OR TOWN   136. CITY OR TOWN   136. STREET ADDRESS   YES   NO	Pire 5x,21613
WD.	H. II.	14. F.	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE NAME	LE 1AST
JRE,		L	ludell	Major Evelyn	CONA Way
BALTIMORE	JRS AFTER DE 3. GIVE PAGE WITH FORM I. PAGES I AN DIVISION OF	160 \	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN] (IF YES, GIVE		Camb. Md.
H.	₩ ~ 3 . · O		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ane couse per line far (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	IN 124 HOUR IN ITEM 18 ALONG VAIT PERMIT HYGIENE, MOVAL.	H		CAUSE (o) Shotgun wound of head	
W. PRESTON	D WITHIN 24 HOPENCIL IN ITEM AMINER ALONG TRANSIT PERA ENTAL HYGIEN OR REMOVAL.		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
W. 9	WINE WINE NTA	1111	gove rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	
201	EXA EXA RIAL- ION,		lying cause last.	(c)	
DIVISION OF VITAL RECORDS,	PA BU	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ITALRE	CERTIFICATE SHOULD BE RITING THE WORD "PENU BE DED TO THE CHIEF MEE A SHOULD BE USED AS EDEPARTMENT OF HEALTH OF PROPERTY CREATH OF SHOULD BE USED AS TO SHOULD BE USED.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES X NO
OF V	A PIE NO BEN O BEN	U U	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY)	
NO	ARIO ARIO	CAL	UNDERLYING NOR CONTRIBUTING CAUSE OF	ATH P.M. 2 26 19 85 Subject shot	
N/S	ARTING ARDED GE 3 SH TE DEP	MEDICAL	WHILE OCCURRED AT WORK X	216 PLACE OF INJURY (ATHOME. 21f. LOCATION  STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	WARDE WARDE PAGE 3 17ATE D		AT WORK AT WORK	wooded area   rear of 506 High St, Can	mbridge, Dorceshter, Md
	POR:	-	220 I certify that I took charg	of the remains described above, held an Autapsy , Inspection , Inquiry	ond in my apinion
	EXAMNER: CERTIFICATION ULD BE FOR L DIRECTOR: 4, WITH THE		death resulted from Natu	causes , Accident , Suicide , Hamicid XX Undetermined manni	er,
	A NEGGE		ACTUAL SIGNATURE	TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINI	DATE SIGNED 2/27/85
	DEATH OPEN.			M.D.ASSISTANT MEDICAL EXAMINI	ER SIGNED_2/2//85
	<b>₹</b> 0% <b>2</b> ₩ <b>2</b> ₩		(TYPE OR PRINT)	Ann M. Dixon, M.D. ADDRESS 111 Penn St.	Balto., Md
Jan .	PAET PAET	23a.B	URIAL, CREMATION, REMOVAL	DATE 231. NAME OF CEMETERY OR CREMATORY 231. LOCATION CITY OR TOWN	COUNTY STATE
07/84 25M	BP	24 F	JNERAL DIRECTOR	1985 Be he lone Camb	25h PEGISTPAPIS SIGNIATION 4.00
	DHMH - 17 (VR A15 ME (5))	<	NAME +	e-al Home Salisbur-yMd. MAR 15 1985	256 REGISTRAR'S SIGNATUR Pandall
	(11110111111111111111111111111111111111	1	ITWANT FUN	e-a Mame Jajisua-yi Ki, MAR 10 900	



## STATE OF MARYLAND

DEPAR

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0	O	-		9

1	MENT	OF	HEA	LTH	AND	MENTAL	HYGI
	CF	PTI	FIC	ATE	OF	DEATH	

		REGISTRAR	EGISTRAR REG. NO.					
		CEASED NAME	FIRST MIDE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
П	(TITPE	TYPE OR PRINT)		R	AE	3:	25 85 7 134	
	3. SEX	Κ	4. RACE	5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS	
		F	Cave	as lay 10	OZ OI	@3 yrs	MONTHS DATS HOURS MIN.	
0		RTHPLACE   STATE OR FO	DREIGN 76 CITIZEN OF WH	AT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
0	M	lassach	solls	USA WIDOWE		Jorchester	Co. MD.	
9	10 CT	TY OR TOWN OF DEA		SPITAL, NURSING HOUSE CILITY, GIVE STREET ADDRY	OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR	
9	(	ambri de	78 Lorch	ester 6	Euoxal	Her.	N/A.	
5				E RESIDENCE BEFORE ADMINISTRATION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21417	
J	1	4)	DOK 1	<u> </u>	YES NO	Mol Kace St	21613	
1	14 FA	THER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST	
£.	14 1	Joser		SOCIAL SECURITY NO.	HICE 17 INFORMANT		Frover	
1	16a V	e #1, Box 115						
		N	0.	033-14-520	Dr. Dona	Id Rae E. New	Market, Md.	
		18 CAUSE OF DEATH PART I, DEATH WA	I Enter anly ane cause per line AS CAUSED BY:		2 100		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
			IMMEDIATE CAUSE (a)	Vongesti	re. daile	wo,		
		D. V.	DUE TO, OR A	A COUSEQUENCE OF	1,,,	20-22-0	3da	
	100	Canditians, if any, gave rise to imm		JE 1212	, tur	vernia.	300	
		cause (a), stating	the DUE TO, OR A	S ANONSEQUENCE OF	11/00.0	A-1 1.0		
			(c)	reviolate	a viscus,	, Deliton 1417		
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0						
-	ATIO	190 DATE OF OPERAT	0. 11110101	IN FOR WHICH OPERATIO	N WAS DEDECTRASED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED	
X	CERTIFICATION	3,17.	85 DOIG	maled US	2US	IN CERTIF	YING CAUSES OF DEATH?	
1	ERT	71a ACCIDENT WAS UNDE	ERLYING 7 216. TIME OF IN	NJURY	121c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P		
		OR CONTRIBUTING		4 1 / 1	11/1			
	MEDICAL	21d INJURY OCCUR		INJURY 19	211 LOCATION	•		
	ME	NAME OF A	AT HOME STREET.		STREET N	A, CHTY OR TOWN	COUNTY	
		22a I certify the	this haspital) attended the d	eceased fram	19.78	3, to 3, 25	19 85, that (1) (9e) last	
		obow of he id	3 iew the bady after	14 19 85	nd that in (my) (aur) apinian	death accurred an the date and hav	r and fram the causes stated	
		17h SIGNATURE	100		DEGREE		22c. DATE SIGNED	
,			Lal &	lle	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3.25.85	
/		224 PHYSICIAN'S NE	MIL (THE ORPRINT)	15.0	22e ADDRESS	1 1 1	000 0 -	
		Hun	K. WII	LE.	10011	aryland Ave.	LGE 21613	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Anatomy Board

Removal

236 DATE

3/25/85

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Balto., Md.

23c NAME OF CEMETERY OR CREMATORY

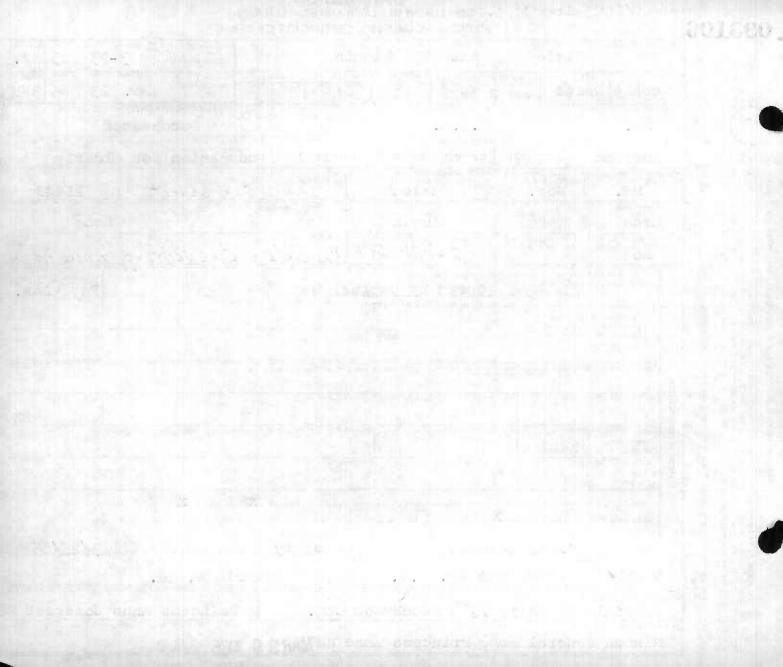
23d. LOCATION

STATE

COUNTY

	1-	FOR 5/22/05 11 STATE						8 4 8	U ·	
22 093106		REGISTRAR		DICAL EXAMIN			REG. 14			
( p.)	1. DE	CEASED NAME FIRE			liggi		OF ESTI- DEATH MATED	3-23 1,85	M	
MRY, PLEAST DIRECTOR OUR PLES ON STREET	3. SE)	emale white	S. DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONTE		PRONOLINCED	1ar. 23 19 85	3PM	
ECESSA UNDERAL FOR Y FOR Y PREST	FC	RTHPLACE (STATE OR REIGN COUNTRY)		HAT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRIE	Dorch		MD.	
PAGE PAGE PAGE		TY OR TOWN OF DEATH Hurlock	EATH 11. NAME OF HOSPITAL, N Direction of the such facility, GN		AL, NURSING HOME, OR OTHER INSTITUTION OF GIVE STREET ADDRESS) OF GENERAL HOSPITAL		120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)  COMPANION	OR INDUST	OR INDUSTRY	
21201 # ANY DI AND 3 HOULD I			OME OR OTHER INSTITUTION, ( DUNTY OT.	13c. CITY OR TOWN Hurlock		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	216	43	
	14. F/	ATHER'S NAME Arch	MIDDLE	Riggin		Is. MOTHER'S MAIDE	N NAME MIDDLE	Long		
BALTIMORE, MD. RS. AFFER DEATH GIVE PAGES 1. WITH FORM-RM PAGES 1. VICEION OF VITA	16a. \ {Y	VAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF YES	. ARMED FORCES? GIVE WAR OR DATES)	215-20-1	297	Mrs Delsi	ie Bezucha	8/ .	Anne	
ST., ST.,		18 CAUSE OF DEATH (Ent PART I DEATH WAS CA	LICED BY	oronary o	cclu	sion		APPROXIMATE BETWEEN ONS	ET AND DEATH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHING THE WORD. "PENDING". IN PENCIL INTER RDED TO THE CHIEF MEDICAL EXAMINER ALOR E 3 SHOULD BE USED AS A BURRAL-RANGIT PRE E 23 SHOULD BE USED AS A BURRAL-RANGIT PRE E PRICE TO HEALTH AND MENTAL PRICE TO HEALTH AND MENTAL		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF								
RECORDS, 30 JID BE EXECU PENDING" IN F MEDION OF A BUBL ED AS A BUBL HE ALTH AND	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDI	IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERI	AINAL OISEASI	OR CONDITION GIVEN IN PAR	RT 1 (a).			
ITAL REGISTROULD SRD "PEI CHIEF A E USED OF THE		190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?		20. AUTOPSY	? NO [X	
SION OF VII RTIFICATE SI IG THE WOR O TO THE C SHOULD BE		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.	M. MONTH DAY YEA	21c. HC	W INJURY OCCURRED	O (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
DIVISION THIS CERT WARDED PAGE 3 SHOOT THE DEPOSE THE D	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE STREET, FA	OF INJURY (AT HOME. CTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE	
XAMINER: ERTIFICATE ID BE FOR SIRECTOR: WITH THE S			harge of the remains do	escribed obove, held an Accident , Si	Autap	Hamicide  TITLE (SPECIFY)  Deputy	Undetermined manner ,	nd in my apinian  DATE SIGNED 3/25/	<b>'</b> 85	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU A FIG FUNERAL BALTIMORE MA		(THE ORTRIFT)		Jr. M.D.			mbridge, Md.			
BP	(3	URIAL CREMATION, REMOV DUTIAL UNERAL DIRECTOR	3/26/8	23c. NAME OF CE Beech		Cem.		Anne Somer	set Me	
DHMH - 17 {VR A15 ME (5}) 15M 7/77		Hinman Fune	eral Home	Princess	Anne	Md MAR 2	9 1995 Julia Ja	VIDA A		

STATE OF MARYLAND



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DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR DECEASED NAM (TYPE OR PRINT)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	0	8	200	8	

REG. NO.

		CEASED NAME FIRST	WIDDLE	-11	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HQUE
	(TYPE	ORPRINTI BARBARO	Theresa	Sh	inek		805 Pm	
	3. SE)	K	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		
		Female	White	монтн	20 98	86	YRS.	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D.,,,,,,,,,,	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
2	M	aryland	USA	WIDOWE	D NEVER MARRIED DIVORCED	Dorchest	ter County	MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		PROTHER INSTITUTION	126 USUAL OCCUPAT		F BUSINESS OR
1		ambridge	Dorchester	Genera	.1	Homemake	er -	
2	13e S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	nester E. Nev		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		21631
0	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA			
2		Frank	Navrat:	11	Barbar		Nekola	1
1		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	SECURITY NO.	17. INFORMANT		E\$ 26A	
		No -	220-0	01-8616	Theresa Sh	nimek East		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate	TE CAUSE (0)	SEQUENCE OF	monary an	est	day	IMATE INTERVAL ONSET AND DEATH
Ŋ		couse (D), stating the underlying couse last	DUE TO, OR AS A CONS					
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	3 TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIVEN IN PART TO	D
1	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
H		WHILE NOT WHILE	tal) attended the decensed I	om 2-	27 1085	10 2 -6	27 1.85	that (I) (we) last
		sow the deceased alive on			nd that in (my) (pur) apinian	deoth accurred on the d		
		276 SIGNATUSE	m		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		SIGNED
		Christine (TYPEC	Granting Galan	m	Oncheste	General	Hop Cami	by Md.
		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	B	Urial UNERAL DIRECTOR	3-2-85 01	ırLadyo	fGoodCounse	Secreta	ary, Dorch.	MD
		ller Funeral	Home, East	RES New Ma	arket, MDMA	R 1 5 1985	256 REGISTRAR'S SIGNAT	

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Bering . All Street and and the contract of th The state has a second

## completely filled in by the funeral director I and 2 shauld be filed within 72 haurs of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detoched for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 4/83

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 show

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND	100	18	(3)		0
ARTMENT OF HEALTH AND MENTAL HYGIENE	2	U	C	2.7	3
CERTIFICATE OF DEATH	REG. NO				

	REGISTRAK						REC	G. NO.				
	CEASED NAME Carr	ie H	urst	W	ebster		20 DATE OF DEAT	-	3	85	2b. HOU	
	Carri		H	We.	bsier		/	- 3			4.30	
3. SE	X	4 RACE		5 DATE C	DF BIRTH	YEAR	AGE (IN YEARS LA	ST BIRTHDAY)	MONTH!	DERIYEAR DAYS	IF UNDER HOURS	AIN.
- Lude	Female	White		5	8	01	84	YRS	š			
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVERA	AARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF D	EATH		
-	arvland	USA		WIDOWE		ORCED [	Dorches	ster (	Cour	ity		MD.
10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INST	ITUTION	12a USUAL OCCU			b. KIND O	F BUSINE	SS OR
(	Cambridge	Dorche		nera	1		Housewi	fe	, (,, (,, ),	DOSIKI		
UsU.	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A		A SOL IN ICIDA C							
		chester	Secreta		13d. INSIDE C	NO []	13e STREET ADDRI	treet	721	664		
	ATHER'S NAME		7.000	<del> 0</del>		MAIDENNA	ΛE		,			
	Charles	WIDDLE	Hurst		An	nanda	MIDE	1.E	Г	uke	S	
16n \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO	17 INFORMA		Liat	DE SAVIA			Ave	
		IVE WAR OR DATES)	220-32-0		Raymo	nd We	bster Ca				216	,
				1 - 2	real me	7210 110	55 001 00	111101 11	760	APPROXI BETWEEN C		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per ED BY:	line far (a), (b), and	(C)	<	cetio	enud			BETWEEN	INSET AND	DEATH
	IMMEDIA	ATE CAUSE (0)				7	- / /					
		DUE TO, O	R AS A CONSEQUEN	ICE OF	Vu	inaus'	T. Inte	clion				
7	Canditians, if any, which gave rise to immediate											
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last											
	(c)											
z	PART 2 OTHER SIGNIFICANT			ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR (	CONDITION	SIVEN IN	I PART 1:c	)	
CERTIFICATION	1 1	alienna		)	DEPENDENCE	DILED	Tan Autobeva	7201 IE 1	VEC WE	DE EALIDA	ICC USE	D.
ICA	190 DATE OF OPERATION	196 COND	IT ON FOR WHICH C	PERATIO	N WAS PERFO	RMED	700 AUTOPSY?	IN CER	TES, WEI	RE FINDIN	OF DEAT	TH?
RTIE							YES NO		YES		NO [	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C		YEAR	1216 HOW IN	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART I C	R PART 2}		
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		м.	19								
MEDICAL	214 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE FAR	RM. ETC 1	211 LOCATIO	N	CITY	ORTOWN	C	OUNTY	5	STATE
~	AT WORK AT WORK											
	22a I certify that (I) (this has		ne deceased fram			, 19			19		that (1) (	we) last
	saw the deceased alive a obove, (1) (we) (did) (did)	in	after death.	, 0	nd that in (my)	(aur) apinian d	death occurred an t	he date and h	nour and	from the	causes ste	oted
	226 SIGNATURE				DEGREE				7	22c DATE		
	60	celle	iau	0	42 1	PHYSICIAN D	MEDICAL DIRECTOR PH	STAFF IYSICIAN [		-3-	3-1	5
	228 PHYSICIAN'S NAME (TYPE				27e ADDRES			- 1 0			Ti din	
	L. Ta	nman			17	ranki	in Stre	et, Ca	mbr:	idge	, Mil	
23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N/	AME OF C	EMETERY OR	REMATORY	23d. LOCATION		-			
	Burial	3-6-8	35 Bas	tNew	Market	Cem.	E. New	Marke	+ T	orc		STATE
24 F	UNERAL DIRECTOR					25a. DATI	E REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S			
Z	elTer Funera	1 Home	East N	ew N	larket	MD N	IAR 2 6 10	RF	بالماذاتها مهلان	Maldon-	-Nand	alle
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STATE OF MARYLAND